



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
United States Patent and Trademark Office
Address: COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, Virginia 22313-1450
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 7263

SERIAL NUMBER	FILING OR 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/732,947	12/11/2003	607	3766	P-7670.07
RULE				

APPLICANTS

Kevin K. Tidemand, East Bethel, MN;
Daniel C. Haeg, Champlin, MN;
Craig L. Wiklund, Bloomington, MN;
James F. Kelley, Coon Rapids, MN;
Jennifer J. Zhao, Plymouth, MN;
Andrew J. Ries, Lino Lakes, MN;
David C. Rice, Blaine, MN;
Hui J. Jin, Shoreview, MN;
James J. Christenson, Blaine, MN;
Loc Van Vo, Minneapolis, MN;

verified KOM

** CONTINUING DATA *****

This application is a CIP of 10/199,601 07/19/2002 which is a CIP of 09/767,796 01/23/2001 ABN *
which is a CON of 09/417,157 10/12/1999 ABN
which is a CON of 09/159,119 09/23/1998 PAT 6,205,358 *
which is a DIV of 08/904,636 08/01/1997 ABN
(*)Data provided by applicant is not consistent with PTO records.

verified KOM

** FOREIGN APPLICATIONS *****

none KOM

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **
03/16/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 10	TOTAL CLAIMS 37	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>Kristen Mullen</i> Initials <i>KOM</i>				

ADDRESS
27581

TITLE IMD CONNECTOR HEADER WITH GROMMET RETAINER

Connector header for an implantable medical device

FILING FEE RECEIVED 1076	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit